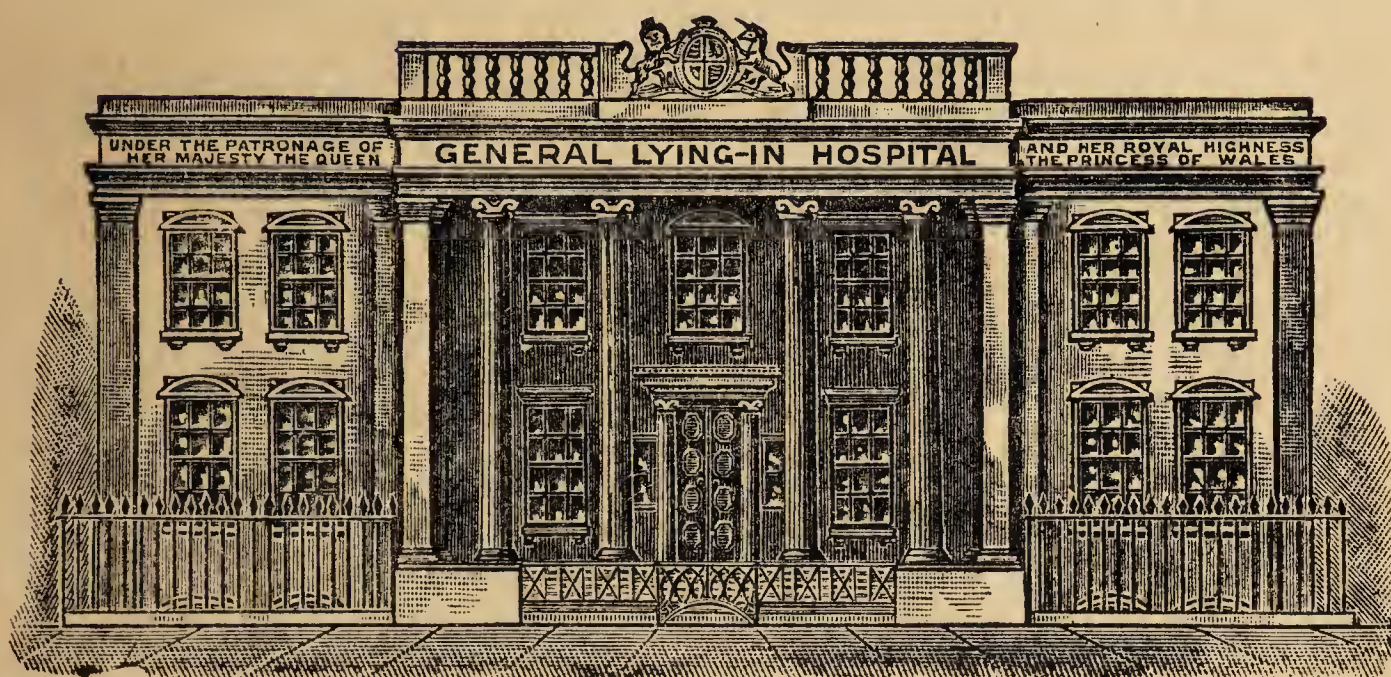


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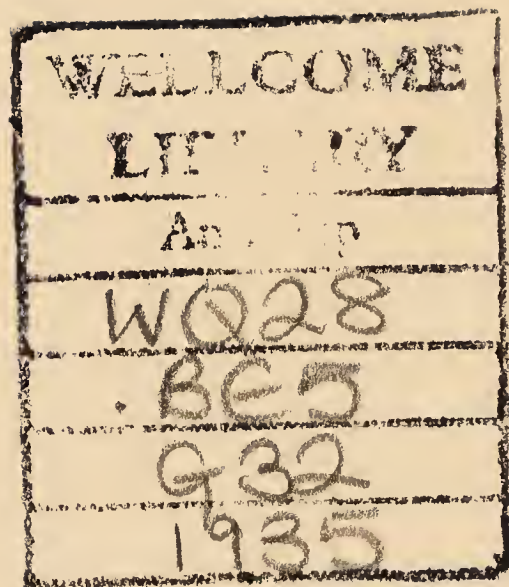
MEDICAL REPORT

FOR THE YEAR

1935.



The
General Lying-In Hospital
YORK ROAD, LAMBETH,
LONDON, S.E.1.



22501384739

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OUT-PATIENT DEPARTMENT.

Seven hundred and one Out-Patients were attended at their own homes by the District Midwives attached to the Hospital. Of these, 72 were also visited by the Resident Medical Officers, and an analysis of their visits is given below. Eight mothers and three infants were admitted to Hospital and three other cases were transferred to other hospitals.

The Mother.

Ante-Natal Visits—14 Cases.

Ante-partum hæmorrhage ...	2	Toxæmia	1
Vaginal discharge	1	Threatened abortion ...	2
Pyelitis	3	Abdominal pain	1
Cardiac disease	1	Malpresentations	3

Intra-Natal Visits—27 Cases.

Perineal suture	11	Eclampsia	1
Application of forceps ...	6	Post-partum hæmorrhage ...	1
Retained placenta	2	For rupture of membranes ...	1
Malpresentations	2	Various	3

Post-Natal Visits—5 Cases.

Puerperal pneumonia ...	1	Pleurisy	1
Puerperal pyrexia	2	Subinvolution	1

The Child.

19 Cases.

Conjunctivitis	10	Jaundice	1
Skin lesions	4	Marasmus	1
Deformities	3		

Unclassified—7 Cases.

IN-PATIENTS.

One thousand one hundred and twenty-six Patients were admitted to the Hospital during the year. Of these, 1,101 were "booked" by the Hospital and attended for ante-natal examination. The remaining 25 cases were admitted as "non-booked" or emergency cases. The former group is classified as Category "A" and the latter as Category "B."

It is only fair to note that with the increasing incidence of ante-natal care the majority of the Category "B" cases had had some ante-natal treatment elsewhere.

Category A.

Delivered in Hospital	...	...	...	1,082
Admitted after delivery	...	...	...	1
B.B.A.	...	...	...	3
Cæsarian Section	...	...	...	8
Abortion	...	...	...	7
				<hr/>
				1,101

There was one maternal death.

Category B.

Delivered in Hospital	...	...	...	25
				<hr/>
				25

ANALYSIS OF CASES ADMITTED TO THE HOSPITAL.

In this section there is considerable overlap in the statistics, as cases with any complication are entered both under “ presentation ” and the complication.

Category A.

					Primiparæ.	Multiparæ.
Presentation and Complications due to Pregnancy :—						
First Vertex	...	...	...	...	295	297
Second Vertex	...	...	...	...	200	214
Third Vertex	...	...	...	...	26	16
Fourth Vertex	...	...	...	...	8	4
Breech Presentation	...	...	...	...	23	12
Face Presentation	...	...	...	...	1	2
Transverse Lie	...	...	...	...	0	4
Twins	...	...	...	...	12	22
Prolapse of Cord	...	...	...	...	2	2
Contracted Pelvis	...	...	...	...	3	6
Disproportion	...	...	...	...	1	—
Accidental Hæmorrhage	...	...	...	...	—	4
Placenta Prævia	...	...	...	...	—	5
Post-Partum Hæmorrhage	...	...	...	...	33	17
Puerperal Pyrexia	...	...	...	...	18	9
Toxic Albuminuria	...	...	...	...	27	13
Eclampsia	...	...	...	...	—	—
Hydramnios	...	...	...	...	1	5
Anæmia of Pregnancy	...	...	...	...	—	1
Puerperal Mania	...	...	...	...	1	—

Intercurrent Disease :—

Mitral Stenosis	...	...	...	...	3	5
Mitral Regurgitation	...	...	...	...	1	1
Double Mitral Lesions	...	...	...	...	—	3
Phthisis	...	...	...	...	1	—
Pyelitis	...	...	...	...	3	6
Chronic Nephritis	...	...	...	...	2	—
Exophthalmic Goitre	...	...	...	...	—	1
Congenital Heart Lesion	...	...	...	...	1	—

Category B.

					Primiparæ	Multiparæ
Presentations and Complications due to Pregnancy :—						
First Vertex	...	...	...	...	11	4
Second Vertex	...	...	...	...	6	2
Third Vertex	...	...	...	...	—	—
Fourth Vertex	...	...	...	...	—	—
Transverse Lie	...	...	...	...	—	2
Breech Presentation	...	...	...	...	—	1
Prolapse of Cord	...	...	...	...	—	—
Contracted Pelvis	...	...	...	...	—	—
Disproportion	...	...	...	...	—	—
Accidental Hæmorrhage		...	...	...	—	1
Placenta Prævia	...	...	...	...	—	2
Post-Partum Hæmorrhage	...	...	...	...	3	—
Puerperal Pyrexia	...	...	...	...	2	1
Toxic Albuminuria	...	...	...	...	1	—
Eclampsia	1	—
Retained Placenta	—	—

Intercurrent Disease :—

Mitral Stenosis	1	—
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VERTEX PRESENTATIONS.

These numbered 1,083 cases, comprising 97·8 per cent. of the total deliveries. Their analysis is as follows :—

Category A.

Vertex.		Primiparæ.	Multiparæ.	Total.	Percentage.
First ...	...	295	297	592	55·8
Second ...	...	200	214	414	39·0
Third ...	...	26	16	42	3·9
Fourth ...	...	8	4	12	1·3
Total	...	<hr/> 529 <hr/>	<hr/> 531 <hr/>	<hr/> 1,060 <hr/>	

Category B.

Vertex.		Primiparæ.	Multiparæ.	Total.	Percentage.
First ...	...	11	4	15	65·2
Second ...	...	6	2	8	34·8
Total	...	<hr/> 17 <hr/>	<hr/> 6 <hr/>	<hr/> 23 <hr/>	

NOTES.

The following symbols are used in this Report :—

Mother :—

N = Normal Puerperium.	M = Multipara.
S = Pyrexia of Puerperium.	P = Primipara.
D = Death.	

Child :—

N = Thrived normally.
SB = Stillborn.
D = Neonatal death.

Owing to clerical error the number of cases admitted as seen in the detailed tables would appear to exceed the number of deliveries. This is due to the fact that there are no cases corresponding to numbers between 610 and 699 inclusive, *e.g.*, a case normally numbered 650 appears as 740.

OCCIPITO-POSTERIOR POSITION.

Category A.

Mode of Delivery.				No. of Cases.	Result.							
					Mother.			Child.				
					N	S	D	N	SB	D		
Spontaneous Rotation—												
Primiparæ	...	...	13	12	1	—	13	—	—	
Multiparæ	...	...	8	8	—	—	8	—	—	
Manual Rotation ; Forceps—												
Primiparæ	...	...	7	6	1	—	5	2	—	
Multiparæ	...	...	1	1	—	—	1	—	—	
Persistent Posterior, Spon- taneous Delivery—												
Primiparæ	...	...	8	8	—	—	7	—	1	
Multiparæ	...	...	11	11	—	—	7	3	1	
Persistent Posterior : For- ceps—												
Primiparæ	...	...	5	5	—	—	3	2	—	
Multiparæ	...	...	0	—	—	—	—	—	—	
Spontaneous Rotation ; Forceps—												
Multiparæ	...	...	1	1	—	—	1	—	—	
Total				54	52	2	0	45	7	2

Fœtal Mortality=16·6%.

This figure is much higher than in previous years, the difference being accounted for by the high mortality in the persistent posterior cases. It is only fair to note that amongst these latter cases were two twin babies, and the maternal complication in one of ante-partum hæmorrhage.

BREECH PRESENTATION.**Category A.****Uncomplicated Cases.**

Mode of Delivery.				No. of Cases.	Result.						
					Mother.				Child		
					N	S	D	N	SB	D	
Flexed breech. Spontaneous delivery—											
Primiparæ	...	...	4	3	1	—	3	1	—		
Multiparæ	...	...	3	3	—	—	3	—	—		
Footling Presentation—											
Primiparæ	...	...	—	—	—	—	—	—	—
Multiparæ	...	...	1	1	—	—	1	—	—		
Extended limbs. Spontaneous delivery—											
Primiparæ	...	...	4	4	—	—	4	—	—		
Multiparæ	...	...	1	1	—	—	1	—	—		
Manipulations for delivery—											
Primiparæ	...	...	10	10	—	—	9	1	—		
Multiparæ	...	...	2	2	—	—	2	—	—		
				25	24	1	0	23	2	0	

Fœtal Mortality Rate = 8%. (Primiparæ 5·7%, Multiparæ 14%.)

Category B.

No cases.

Complicated Cases.

Index No.	Category.	Parity.	Pregnancy and Labour.	Result.	
				Mother.	Child.
85	A	6	Transverse lie and lateral placenta prævia. Internal version. Spontaneous delivery	N	N
287	A	1	Albuminuria. Assisted breech delivery.	N	SB
310	B	6	Marginal placenta prævia and prolapse of arm. Internal version.	N	SB
406	A	2	Central placenta prævia. Internal version. Fœtus dicephalic monster.	S	SB
510	A	1	Chorea and albuminuria. Spontaneous premature labour. Extended limbs. Child weighed 3 lbs.	N	N
744	A	2	Albuminuria. Labour induced at 38 weeks. Flexed breech.	N	N
868	A	1	Contracted pelvic outlet. Head difficult to deliver. Premature.	N	D
923	A	3	Hydramnios. Spontaneous delivery. Fœtus anencephalic.	N	SB
965	A	1	Albuminuria. Spontaneous delivery. Flexed breech.	N	N
998	A	1	Mitral regurgitation. Extended limbs brought down.	N	N
1109	A	3	Lateral placenta prævia. Spontaneous labour.	N	N

FACE PRESENTATION.

Category A.

Position.	Labour.	Result.		Remarks.
		Mother.	Child.	
L.M.A.	Premature. Spontaneous.	N	SB	Pregnancy complicated by hydramnios. Child anencephalic.
L.M.A.	Spontaneous delivery.	N	N	Second pregnancy. Second stage estimated at 15 minutes. Baby 8 lbs. 15 ounces.
R.M.A.	Spontaneous delivery.	N	N	Second pregnancy. Second stage lasted 15 minutes. Child weighed 8 lbs. 1 ounce.

Transverse Lie.

Index No.	Category.	Parity.	Pregnancy and Labour.	Result.	
				Mother.	Child.
85	A	6	Lateral placenta prævia. Internal version.	N	N
255	A	2	Transverse lie. Previous Cæsarian Section. Cæsarian Section performed.	N	N
299	A	2	Central placenta prævia. Cæsarian Section performed.	N	N
1046	A	2	External version performed early in labour.	N	N
?	B	3	External version performed early in labour.	N	N

PROLAPSE OF THE CORD.

Four cases. All in Category A.

No. 335. A primipara on whom external version had been attempted but had failed. The presentation was a simple flexed breech. Prolapse of the cord occurred early in the second stage. Delivery was assisted as the arms had to be flexed. The infant was stillborn.

No. 538. A multipara admitted in labour which started prematurely at the thirty-sixth week. The left arm and a loop of cord were prolapsed through the os. There was no pulsation in the cord. It and the arm were pushed up and forceps applied. The infant was stillborn.

No. 1155. A primipara who was suffering from chronic nephritis. Albuminuria appeared at the thirty-third week and induction was considered at the thirty-sixth week. This was performed by rupture of the membranes; the cord prolapsed and attempts at replacement failed. The infant was stillborn.

No. 1198. A multipara admitted in labour at term. A breech presentation was diagnosed and external version performed. Presentation of the cord occurred and was treated by the knee-elbow position. On rupture of the membranes the cord prolapsed and was replaced though pulseless. Child stillborn.

TWIN PREGNANCIES.

Category A.

Index No.	Parity.	Presentation.		Sex.		Maturity in weeks.		Weight in lbs.				Type.	Result.			Remarks.
		1st Child.	2nd Child.	1st Child.	2nd Child.			1st Child.	2nd Child.				Mother.	1st Child.	2nd Child.	
43	2	L.O.A.	R.O.P.	F	F	36	5	12½	5	10½		Binovular	N	N	N	Spontaneous delivery of both infants.
111	1	R.O.A.	R.O.P.	M	M	35	4	0	3	12		Binovular	N	N	N	
336	1	R.S.A.	L.O.A.	F	F	37	5	0	4	4		Uniovular	N	N	N	
436	3	L.O.A.	L.S.A.	F	F	40	7	6	6	2		Binovular	N	N	N	Spontaneous delivery. Very marked hydramnios. Membranes ruptured.
520	2	Vertex	Vertex	F	F	26	1	13	1	8		?	N	SB	SB	
768	1	R.O.A.	L.O.A.	F	F	35	4	5½	3	8½		Binovular	N	N	N	Premature labour. Premature labour.
848	3	R.O.A.	L.O.A.	M	M	38	6	1	5	8		?	N	N	N	
940	1	L.O.A.	R.O.A.	F	F	40	4	14	5	10		Uniovular	N	N	N	
974	2	R.O.A.	L.O.A.	F	F	38	4	15	5	7		Binovular	N	N	N	Albuminuria. Induction of labour. Premature labour. Pregnancy complicated by tachycardia.
1023	2	R.O.A.	R.O.A.	M	F	37	5	4	4	7		Binovular	N	N	N	
1031	2	L.O.A.	R.O.A.	F	M	37	3	13	4	6		Binovular	N	N	N	
1041	2	L.O.A.	R.O.P.	F	F	36	3	6	4	7		Binovular	N	N	D	Premature labour. Premature labour. Pregnancy complicated by tachycardia.
1062	1	R.O.A.	L.S.A.	M	M	36	5	12	5	11		Binovular	N	N	N	
1080	2	L.O.A.	L.O.A.	F	F	39	5	15	6	1		Binovular	N	N	N	
1103	2	L.O.A.	R.S.A.	F	M	39	6	4	5	1		Binovular	N	N	N	Forceps delivery for second child. Mild local uterine infection.
1124	4	R.O.A.	R.S.A.	F	F	40	6	12	5	9		Uniovular	N	N	N	
1187	1	R.S.A.	L.O.P.	F	F	40	6	3	5	13		Binovular	S	SB	N	

DISPROPORTION—CONTRACTED PELVIS.**Summary.****Category A.**

Nine cases. Labour was induced prematurely in two cases at the thirty-seventh week with resulting spontaneous delivery and live children ; induction at term was performed in two others with similar result, and one case went into labour prematurely. In the last case there was a stillbirth with a breech delivery and a contracted outlet. The remaining four cases were treated by Cæsarian Section at term with no complications.

Two of the cases in this Category were of pelves with contracted outlet in the transverse diameter.

Category B.

No cases.

CONTRACTED PELVIS.—DETAILED TABLES.

Category A.

Index No.	Age.	Parity.	Measurements.					Diag. Conj.	Weight of Child.	Result.		Treatment.	Remarks.
			Maturity in Weeks.	Inter-spinous, in.	Inter-cristal, in.	Ext. Conj.	in.			Moulding.	Mother.		
4	22	1	40	10½	11½	7½	in. Promontory 3¾	6	11	—	N	N	Induction advised at 38 weeks. Came up late in labour. Head high. Outlet of pelvis only 3 inches.
153	23	1	40	8½	9¾	7½	No record.	7	2	Average	N	N	Forty minutes second stage.
541	32	2	37	9½	10	7	4½	6	9	Definite	N	N	Second stage 1 hour. Previous child induced.
721	33	2	40	9½	10¼	7	4	7	8	—	N	N	Previous child S.B.—weighing 6½ lbs.
862	28	3	40	7½	10	7	4	7	5	Average	N	N	First child S.B. Second child induced.
868	27	1	37	8½	10½	8½	No record	5	6	Marked	N	D	Contracted outlet complicated by breech presentation. Difficulty in delivery of head.
1045	28	2	40	10½	11½	7¾	3¾	7	2	—	N	N	Previous Casarian Section.
1101	30	2	40	No record	No record	No record	No record	7	8	—	N	N	Previous induction at 36 weeks for first child which weighed 5 lbs. 10 ozs. This time induction failed.
1197	32	3	37	9½	10½	7¾	4	4	6	Average	N	N	Previous labours induced.

Category B.

No cases.

DISPROPORTION—NO PELVIC CONTRACTION.

As in the 1934 Report only cases in which there has appeared to be definite evidence of disproportion have been included. Cases in which on ante-natal examination the head has been found to be persistently high, and in which on labour the head entered the pelvis easily and the child was delivered within normal time and without signs of abnormal moulding, have been excluded.

Category A.

One case. The head could not be made to engage and overlap was present. Classical Cæsarian Section was performed at term. The infant had mild hydrocephalus and a meningocoele ; it died on the eighth day.

Category B.

No cases.

DISPROPORTION—NO PELVIC CONTRACTION.

DETAILED TABLES.

Category A.

Index No.	Age.	Parity.	Maturity in Weeks.	Measurements.			Diag. Conj.	Weight of Child.	Moulding.	Result.		Treatment.	Remarks.
				Inter-spinous.	Inter-cristal.	Ext. Conj.				Mother.	Child.		
912	25	1	40	10½ in.	11½ in.	8½ in.	No record	8 lbs.	—	N	D	Classical Cæsarian Section.	Mild hydrocephalus and meningococle.

Category B.

No cases.

TOXÆMIAS OF PREGNANCY.

Treatment of these cases continued on the lines practised in the preceding year.

There were 41 cases of toxic albuminuria ; 40 were “ booked ” cases and one was admitted under Category B.

One case of eclampsia was admitted (Category B.).

ALBUMINURIA (INCLUDING PREGNANCY KIDNEY AND PRE-ECLAMPSIA).

DETAILED TABLES.

Category A.

Index No.	Age.	Parity.	Maturity in Weeks.	Urine.		Blood Pressure.		Remarks.	Result.	
				On Admission.	On Discharge.	On Admission.	On Discharge.		Mother.	Child.
18	19	1	40	0.075%	Very slight trace.	148/80	130/75	Albuminuria at term. Slight oedema only.	N	N
27	30	5	38	0.06%	Nil	155/90	140/75	Settled on routine treatment and went to term. Spontaneous labour.	N	N
36	37	4	38	0.025%	Trace	144/80	128/65	Albuminuria settled and patient was delivered at term.	N	N
65	36	1	36	0.025%	Nil	145/85	128/80	Oedema of feet. Labour induced at term.	N	N
81	27	3	34	0.02%	Nil	150/75	130/70	Slight oedema. Induction at thirty-seventh week.	N	N
90	23	1	38	0.125%	Nil	160/110	130/90	Albuminuria rapidly responded to treatment	N	N
137	40	1	36	0.02%	Slight trace	190/120	150/110	—Onset of premature labour. Albuminuria present for one week prior to admission. No oedema. Spontaneous premature labour.	N	SB
148	29	1	38	0.075%	Nil	170/110	140/90	Albuminuria for a fortnight prior to delivery with no response to treatment. Labour induced by rupture of membranes.	N	N
193	29	1	38	0.5%	Nil	176/134	130/95	Albuminuria for a month. Little oedema. Labour induced by bougies.	N	N
214	25	1	40	Trace	Nil	130/80	118/80	Albuminuria at term only. Spontaneous onset of labour.	N	N
235	28	1	35	0.5%	0.2%	180/120	132/80	Severe albuminuria developed at thirty-third week which did not respond to treatment. Labour induced. After delivery still had albumin present and a low U.C.T. indicating a chronic nephritis. Child lived nine hours.	N	D
244	25	2	38	0.1%	Nil	No record	No record	Albuminuria settled on treatment. Spontaneous delivery at term.	N	N
281	22	1	40	0.1%	Trace	130/80	120/75	Mild albuminuria. No oedema.	N	N
287	27	1	40	0.07%	Nil	155/102	125/80	Complicated by breech presentation. Labour induced.	N	SB

Albuminuria (including Pregnancy Kidney and Pre-Eclampsia)—(continued).

Detailed Tables. Category A—(continued).

Index No.	Age.	Parity.	Maturity in Weeks.	Urine.		Blood Pressure.		Remarks.	Result.	
				On Admission.	On Discharge.	On Admission.	On Discharge.		Mother.	Child.
309	26	1	40	0.03%	Nil	144/90	120/85	Albuminuria at term. Definite oedema of face as well as legs. Medical induction.	N	N
346	22	1	40	0.075%	Nil	130/90	118/90	Albuminuria one week prior to term. Induced medically. P.P.H. manual removal of placenta.	N	N
355	24	1	40	0.09%	Nil	150/88	120/65	No oedema. Albuminuria settled as treatment and labour started spontaneously. P.P.H.	N	N
374	37	3	29	0.1%	Nil	230/140	134/98	Admitted at twenty-ninth week with hypertension and albuminuria. No oedema. Albumin decreased with rest. Spontaneous premature labour. Foetus macerated.	N	SB
380	26	3	39	0.1%	Nil	138/90	No record	Surgical induction.	N	N
423	22	1	38	0.05%	Nil	140/90	No record	Went into labour prematurely.	N	N
442	36	1	39	0.2%	Nil	180/110	No record	Medical induction and rupture of membranes.	N	N
514	24	2	40	Trace	Nil	164/90	No record	Albuminuria at term. Spontaneous labour.	N	N
540	37	1	38	0.1%	Nil	160/110	120/90	Albuminuria during last fortnight of pregnancy. Settled slightly on treatment. Induced by rupture of membranes.	N	N
605	27	4	38	0.3%	0.05%	200/120	No record	Oedema of legs and feet. Sudden development of albuminuria at thirty-eighth week. Spontaneous onset of premature labour.	N	N
744	40	2	32	0.1%	0.05%	156/80	No record	Albuminuria developed at thirty-second week. Treated in Ante-Natal Ward. Did not settle. Induced by rupture of membranes. Breech delivery.	N	N
793	21	1	32	0.4%	Nil	160/120	No record	No oedema. Albuminuria failed to settle. Induced.	N	N

Albuminuria (including Pregnancy Kidney and Pre-Eclampsia)---(continued).

Detailed Tables. Category A---(continued).

Index No.	Agc.	Parity.	Maturity in Weeks.	Urine.		Blood Pressure.		Remarks.	Result.	
				On Admission.	On Discharge.	On Admission.	On Discharge.		Mother.	Child.
814	21	1	40	0.075%	Nil	150/90	No record	Albuminuria at term. Oedema of feet. Induced.	N	N
828	36	3	35	0.025%	Nil	140/90	118/80	Mild albuminuria. Treated by rupture of membranes.	N	N
902	28	1	40	0.5%	Nil	148/95	No record	Oedema of legs and abdominal wall. Labour started spontaneously whilst being treated.	N	N
937	38	8	39	0.075%	+	176/110	170/100	Albuminuria developed at thirty-ninth week, accompanied by oedema of legs. Induction by drugs. Referred for further treatment.	N	N
958	22	1	38	0.03%	Nil	146/100	No record	Albuminuria increased to 0.6% whilst under treatment. Surgical induction. P.P.H. Thrombosis of femoral vein in puerperium.	S	SB
965	23	1	34	0.1%	0.025%	216/120	170/100	No albuminuria till thirty-fourth week. Rapid rise in blood pressure. Very little oedema. Labour started prematurely.	N	N
1025	23	1	38	0.1%	Nil	136/84	No record	Slight albuminuria only. Spontaneous onset of labour.	N	N
1031	28	2	37	0.12%	0.1%	150/124	No record	Twin pregnancy. Albuminuria with no other symptoms. Prolonged rest after delivery failed to clear up albuminuria. Labour induced.	N	N
1099	31	2	36	Trace	Nil	126/90	120/90	Mild albuminuria only. Settled on treatment. Patient went to term successfully.	N	N
1140	18	1	39	0.05%	Nil	138/84	118/80	Albuminuria near term with slight oedema of feet. Spontaneous labour.	N	N
1141	23	1	37	0.05%	0.02%	140/102	124/90	Albuminuria did not settle in Ante-Natal Ward. Medical induction.	N	N

Albuminuria (including Pregnancy Kidney and Pre-Eclampsia)---(continued).

Detailed Tables. Category A---(continued).

Index No.	Age.	Parity.	Maturity in Weeks.	Urine.			Blood Pressure.			Remarks.	Result.	
				On Admission.	On Discharge.	On Admission.	On Admission.	On Discharge.	On Discharge.		Mother.	Child.
1150	20	1	36	0.15%	Nil	150/110	150/104	Edema of legs and abdomen. Failed to respond to treatment. Medical and surgical induction.			N	N
1170	30	1	33	0.075%	Trace	156/98	136/86	No oedema. Treated in Ante-Natal Ward for three weeks with little response. Labour induced by bougies. Labour---forceps applied on occipito-posterior lie.			N	SB
1212	19	1	40	0.04%	Tracc	No record	No record	Albuminuria at term. No other symptoms. Spontaneous onset of labour.			N	N

Category B.

Index No.	Age.	Parity.	Maturity in Weeks.	Urine.			Blood Pressure.			Remarks.	Result.	
				On Admission.	On Discharge.	On Admission.	On Admission.	On Discharge.	On Discharge.		Mother.	Child.
558	29	1	40	0.3%	Trace	138/80	No record	Admitted in labour. Edema marked and universal. Patient left hospital early in puerperium in spite of advice.			N	N

ECLAMPSIA.

Category A.

No. 272. The patient, a primipara, was admitted on the 27th March, 1935, being sent in by her private doctor. The membranes had ruptured some 16 hours previously and the patient had already had five fits at roughly hourly intervals. She was conscious, the blood pressure was 160 mm. Hg. systolic, and the urine contained a fair quantity of albumen. Œdema generalised and marked. Treatment by morphia, chloral and mag. sulph. was begun immediately. Four further fits occurring. Dilatation proceeded rapidly from three fingers on admission and full dilatation six hours later. Delivery was assisted by low forceps. Following delivery there were signs of pulmonary œdema and atropine was administered. The child was about 38 weeks mature and thrived. The puerperium was complicated by pneumonia which resolved ; there were no post-partum fits.

ANTE-PARTUM HÆMORRHAGE.

PLACENTA PRÆVIA.

Seven cases ; all were multiparæ. Two cases had central implantation ; three had marginal and two lateral.

ACCIDENTAL HÆMORRHAGE.

Five cases ; all were multiparæ. In one case albuminuria was found.

ANTE-PARTUM HÆMORRHAGE. PLACENTA PRÆVIA.

Category A.

Index No.	Age.	Parity.	Maturity in Weeks.	Condition on Admission.	Type.	Treatment.	Result.		Remarks.
							Mother.	Child.	
85	31	6	38	Good.	Lateral.	Rupture of membranes and Internal version.	N	N	Loss of about 10 ozs. General condition good. Original presentation transverse. Intermittent loss for six weeks—very slight. Persistent transverse lie.
299	29	2	38	Excellent.	Central.	Cæsarian Section.	N	N	A.P.H. of about 8 ozs. Hydramnios and cephalic foetal monster. Delivery easy.
406	33	2	36	Good.	Central.	Rupture of membranes. Leg brought down.	S	SB	Slight intermittent bleeding for two or three days. In labour on admission.
1033	35	3	37	Excellent.	Marginal.	Rupture of membranes. Willett's forceps.	N	N	Hæmorrhage of 10 ozs. on onset of labour. Membranes ruptured spontaneously.
1109	33	3	40	Good.	Lateral.	Spontaneous labour.	N	N	

Foetal Mortality = 20%.

Category B.

310	34	6	Term.	Good.	Marginal.	Rupture of membranes. Internal version.	N	SB	Admitted in labour as shoulder presentation. No loss from placenta.
555	30	2	Term.	Good.	Marginal.	Rupture of membranes. Willett's forceps.	N	SB	Admitted in labour. Foetal heart heard on admission —rate 80.

Foetal Mortality = 100%.

ANTE-PARTUM HÆMORRHAGE.

ACCIDENTAL HÆMORRHAGE.

Category A.

Index No.	Age.	Parity.	Maturity in Weeks.	Condition on Admission.	Type.	Treatment.	Result.		Remarks.
							Mother.	Child.	
718	31	2	39	Good.	External.	Rupture of membranes.	N	N	Rapid delivery.
854	30	6	40	Fair.	Mixed.	... ..	N	N	No albuminuria. Marked loss on onset of labour. Uterus tender and tense. 15 ozs. of blood clot retro-placental in site.
889	35	2	39	Good.	External.	... ..	S	SB	Spontaneous onset of labour with excessive loss. Albuminuria at term.
1200	29	3	36	Good.	External.	... ..	N	N	Premature onset of labour. Slight loss.

Fœtal Mortality = 25%.

Category B.

410	27	2	Term.	Good.	External.	Rupture of membranes.	N	N	Slight loss only. No albuminuria.
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POST-PARTUM HÆMORRHAGE.

There were 53 cases in which there was a post-partum loss of blood estimated at over 20 ozs. (38 in 1934, 36 in 1933). Of these 20 occurred before the delivery of the placenta and 33 after. 36 were primiparæ and 17 multiparæ. Labour was normal and uncomplicated in 37 ; there was marked delay in five cases, forceps in four, albuminuria in three, and twin pregnancy in one.

During 1935, 1,107 patients were delivered and 1,069 anæsthetics were given during labour.

Considering the usual high morbidity rate in manual removal of the placenta it is worth noting that in the 13 cases where this was performed, ten had normal puerperia, only three being septic.

POST-PARTUM HÆMORRHAGE.
RETAINED PLACENTA.

Category A.

Index No.	Age.	Parity.	Labour.	Anæsthesia.	Severity of Hæmorrhage, estimated in ounces.	Treatment.	Puerperium.
34	30	2	Spontaneous vertex delivery.	Yes.	22	Manual removal of placenta.	N
63	29	2	Spontaneous vertex delivery.	Yes.	40	Expression of placenta. Pituitrin.	N
131	24	1	Spontaneous vertex.	Yes.	32	Manual removal of placenta. Drugs.	N
140	21	1	Spontaneous vertex.	Yes.	20	Expression of placenta. Drugs.	N
158	25	2	Spontaneous vertex.	Yes.	22	Manual removal of placenta.	N
228	25	1	Spontaneous vertex.	Yes.	30	Expression of placenta. Pituitrin.	N
279	23	1	Spontaneous vertex. Delay in second stage.	Yes.	40	Expression of placenta. Pituitrin.	N
346	22	1	Spontaneous vertex.	Yes.	26	Manual removal of placenta.	N
362	33	5	Spontaneous breech.	Yes.	46	Manual removal of placenta.	N
441	35	1	Spontaneous vertex.	Yes.	38	Manual removal of placenta.	S
462	18	1	Spontaneous vertex. Meningo-coele.	Yes.	40	Manual removal of placenta.	N
497	21	1	Spontaneous vertex.	Yes.	30	Manual removal of placenta.	N
552	32	3	Spontaneous vertex.	No.	26	Manual removal of placenta.	N
934	23	1	Manual rotation and forceps for occipito-posterior. Long first stage.	Yes.	30	Expression of placenta. Drugs.	N
973	24	1	Low forceps for foetal distress.	Yes.	60	Manual removal of placenta. Douche. Pituitrin and ergot.	S
1060	30	1	Spontaneous vertex.	Yes.	20	Manual removal of placenta.	S
1184	31	2	Spontaneous vertex.	Yes.	40	Manual removal of placenta. Pituitrin. Ergot.	N
1198	28	3	Spontaneous vertex.	Yes.	40	Manual removal of placenta. Douche. Pituitrin. Ergot.	N

Category B.

209	25	1	Spontaneous vertex. Cardiac disease.	Yes.	40	Manual removal of placenta.	N
218	36	1	Low forceps for foetal distress. Four days in first stage.	Yes.	26	Manual removal of placenta.	S

POST-PARTUM HÆMORRHAGE.

CASES SUBSEQUENT TO DELIVERY OF THE PLACENTA.

Category A.

Index No.	Age.	Parity.	Labour.	Anæsthesia.	Severity of Hæmorrhage, estimated in ounces.	Treatment.	Puerperium.
70	24	1	Spontaneous vertex delivery.	Yes.	30	Massage of uterus, ergot. Pituiridin and ergot.	N
119	23	1	Spontaneous vertex delivery.	Yes.	24	Massage. Pituiridin and ergot.	N
144	24	1	Spontaneous vertex.	Yes.	24	Massage. Pituiridin and ergot.	N
156	27	1	Spontaneous vertex.	Yes.	34	Exploration of uterus for lobe of placenta.	S
316	23	1	Spontaneous vertex.	Yes.	26	Massage. Ergot.	N
355	24	1	Spontaneous vertex. Albuminuria.	Yes.	45	Massage. Ergot.	N
385	20	1	Spontaneous vertex. Long first stage.	Yes.	37	Massage. Pituiridin.	N
393	34	2	Spontaneous vertex.	Yes.	50	Massage. Pituiridin.	N
401	29	1	Spontaneous vertex. Long first stage.	Yes.	38	Massage. Pituiridin and ergot.	N
436	28	3	Twins. Spontaneous deliveries.	Yes.	36	Massage. Ergot.	N
460	27	1	Spontaneous vertex.	Yes.	39	Massage. Ergot and pituitrin.	N
467	33	1	Spontaneous vertex.	Yes.	28	Massage. Ergot and pituitrin.	N
551	27	1	Spontaneous vertex. Long first stage.	Yes.	30	Massage. Ergot and pituitrin.	N
581	25	1	Long second stage.	Yes.	30	Massage. Ergot and pituitrin.	N
595	25	2	Spontaneous vertex.	Yes.	22	Massage. Ergot and pituitrin.	N
707	30	2	Spontaneous vertex.	Yes.	26	Massage. Ergot and pituitrin.	N
731	29	3	Spontaneous vertex.	Yes.	30	Massage. Ergot.	N
736	23	3	Spontaneous vertex.	Yes.	24	Massage. Ergometrine.	N
739	18	1	Spontaneous vertex.	Yes.	24	Massage. Ergot.	N
779	21	1	Spontaneous vertex.	No.	26	Massage. Ergot and pituitrin.	N
804	40	8	Spontaneous vertex.	Yes.	40	Massage. Ergometrine and pituitrin.	N
818	24	1	Spontaneous vertex.	Yes.	26	Massage and Ergot.	S
822	26	1	Occipito-posterior. Long first stage.	Yes.	26	Massage and Ergot.	N
866	28	4	Spontaneous vertex.	Yes.	26	Massage and ergot.	N
910	26	2	Spontaneous vertex.	Yes.	22	Massage. Ergot. Pituiridin.	N

POST-PARTUM HÆMORRHAGE.
Cases subsequent to delivery of the Placenta—continued.
Category A—(continued).

Index No.	Age.	Parity.	Labour.	Æsthesia.	Severity of Hæmorrhage. estimated in ounces.	Treatment.	Puerperium.
949	28	1	Spontaneous vertex.	Yes.	38	Massage. Ergot. Pituitrin.	N
950	24	1	Spontaneous vertex.	Yes.	28	Massage. Ergot. Pituitrin.	N
953	22	1	Spontaneous vertex.	Yes.	40	Massage. Ergot. Pituitrin.	N
958	22	1	Vertex. Albuminuria. Thrombosis of femoral vein.	Yes.	24	Massage. Ergot. Pituitrin.	S
1080	21	2	Twins.	Yes.	40	Massage. Ergot.	N
1140	18	1	Spontaneous vertex. Albuminuria.	Yes.	32	Massage. Ergot.	N
1209	26	1	Spontaneous vertex.	Yes.	33	Massage. Ergot and pituitrin.	N

Category B.

452	34	1	Spontaneous vertex.	Yes.	42	Massage. Pituitrin and Ergot.	N
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HEART DISEASE.**Category A.**

Index No.	Age.	Parity.	Condition and Treatment.	Result	
				Mother.	Child.
51	38	1	Congenital heart lesion. Well compensated. Premature labour and low forceps delivery. Distress during delivery.	N	N
53	21	2	Mitral stenosis and regurgitation. Well compensated. Spontaneous labour at term. No distress.	N	N
181	25	1	Early mitral stenosis. Well compensated. Labour induced at term.	N	N
221	30	2	Well compensated mitral stenosis. Spontaneous labour at term.	N	N
369	24	2	Double mitral lesion. Compensation fair only. Labour withstood well. (8½lb. baby.)	N	N
504	37	3	Double mitral lesion. Compensation fair. Labour stood well. (9 lb. infant.)	N	N
556	21	1	Mitral stenosis. Compensation fair. Some respiratory distress near term; rested in Ante-Natal Ward. Labour stood well.	N	N
713	26	2	Mitral stenosis. Compensation fair till last month when was rested in Ward. Labour spontaneous and short. Sudden embolus in left leg on ninth day and collapse from pulmonary embolus on sixteenth day of puerperium.	D	N
727	40	6	Mitral stenosis. Well compensated. Rested near term. Short labour.	N	N
872	35	8	Mitral regurgitation. Fair compensation only. Rested. Labour stood well.	N	N
892	29	2	Mitral stenosis. Controlled fibrillation. Labour stood well.	N	N
998	23	1	Mitral regurgitation. Well compensated. Premature labour. Breech delivery.	N	N
1122	26	1	Mitral stenosis. Compensation fair. Rested in Ward and induced at 36 weeks.	N	N
1143	23	2	Mitral stenosis. Well compensated. Spontaneous short labour.	N	N

Category B.

Index No.	Age.	Parity.	Condition and Treatment.	Result.	
				Mother.	Child.
209	25	1	Compensated mitral stenosis. Admitted at term. Labour stood well. P.P.H. followed by manual removal of placenta.	N	N

ANÆSTHETICS.

Anæsthetics were given in 1,069 occasions (total number of patients delivered 1,107). The indications were as follows :—

	Indication.	No. of Cases.
Delivery of child—		
Primiparæ	333
Multiparæ	411
Delivery of child and repair of perineum—		
Primiparæ	168
Multiparæ	60
Repair of perineum only	1
Application of forceps	43
Forceps and manual rotation of occiput	5
Cæsarian Section	8
Manual removal of placenta	13
Induction of labour	16
External version	6
Internal podalic version	3
Rupture of membranes	2
Total	1,069

OBSTETRIC OPERATIONS.

Induction of Premature Labour.

Induction was performed 38 times ; the analysis of these cases is as follows :—

Category A.

No. of Cases.	Method.	Indication.	Result.					
			Mother.			Child.		
			N	S	D	N	SB	D
4	Drugs	Toxic Albuminuria	4	—	—	4	—	—
3	Bougies	„ „	3	—	—	3	—	—
2	Drugs and bougies	„ „	2	—	—	1	—	1
2	Rupture of membranes	„ „	2	—	—	2	—	—
1	Drugs and rupture of membranes	„ „	1	—	—	1	—	—
1	Tube	„ „	—	1	—	—	1	—
5	Drugs	Persistent high head	5	—	—	5	—	—
1	Bougies	„ „	1	—	—	1	—	—
1	Rupture of Membranes	„ „	1	—	—	1	—	—
2	Drugs	Post-maturity ...	2	—	—	2	—	—
1	Drugs and Bougies	„ ...	1	—	—	1	—	—
1	Drugs and rupture of membranes	„ ...	1	—	—	—	1	—
2	Drugs and bougies	Contracted pelvis ...	2	—	—	2	—	—
1	Rupture of membranes	„ „	1	—	—	1	—	—
1	Bougies	Cardiac disease ...	1	—	—	1	—	—
1	Drugs and bougies	„ „ ...	1	—	—	1	—	—
2	Drugs	Breech with extended legs	2	—	—	1	1	—
1	Drugs	Exophthalmic goitre	1	—	—	1	—	—
2	Rupture of membranes	Hydramnios ...	2	—	—	—	3	—
2	Bougies	Pyelitis	2	—	—	1	—	1
1	Rupture of membranes	Ante-Partum hæmorrhage	1	—	—	—	1	—
1	Rupture of membranes	Previous obstetric history	—	1	—	—	1	—
38			36	2	—	29	8	2

Infant Mortality = 25·6%

Morbidity Rate = 5·2%

Category B.

No cases.

OBSTETRIC OPERATIONS—FORCEPS.

Category A.

Indication.					No. of Cases.	Result.					
						Mother.			Child.		
						N	S	D	N	SB	D
Fœtal distress	...	...	...	...	19	18	1	—	14	3	2
Uterine inertia	...	...	...	...	12	11	1	—	11	1	—
Manual rotation of Occipito—Posterior and forceps	...	...	...	...	8	7	1	—	6	2	—
Persistent Occipito—Posterior ; forceps	...	...	...	...	3	2	1	—	2	1	—
Prolapse of cord	...	...	...	...	1	1	—	—	—	1	—
Maternal distress	...	...	...	...	7	6	1	—	6	1	—
Total	...	...	...	...	50	45	5	0	39	9	2

Of these 50 patients, 43 were primiparæ and 7 multiparæ.
 The forceps rate in this category was 4·6% (2·7% in 1934).
 The fœtal mortality rate was 22%.
 Maternal morbidity rate was 10%.

Category B.

Indication.					No. of Cases.	Result.					
						Mother.			Child.		
						N	S	D	N	SB	D
Fœtal distress	...	...	...	...	1	—	1	—	—	1	—

This patient was admitted after four days in the first stage of labour. The head became arrested in the transverse diameter of the pelvis.

The forceps rate of all cases delivered was 4·5% (2·7% in 1934 ; 1·9% in 1933 ; 3·6% in 1932 ; 2% in 1931).

Version.

External Cephalic Version.

External cephalic version was performed successfully without an anæsthetic in 44 cases, 18 in primiparæ and 26 in multiparæ. In one case external version was impossible and premature labour started following the attempt (child alive). In two cases the breech presentation re-occurred, both infants being born alive.

On 14 occasions version under anæsthesia was attempted, four were successful and in ten it was not possible to turn the child. Of the latter two infants were stillborn.

Of the 44 cases in which external version without anæsthesia proved successful, all were delivered as vertices with one stillbirth (prolapse of the cord).

On two occasions external cephalic version was performed early in labour for transverse lie, both infants were alive.

Internal Podalic Version.

Performed on two occasions for placenta prævia. One child lived, the other was stillborn.

Cæsarian Section.

Indication.					No. of Case and Category.	Result.					
						Mother.			Child.		
						N	S	D	N	SB	D
Contraction of pelvis	...	...	...	A	4	1	—	—	1	—	—
Transverse lie	...	...	...	A	255	1	—	—	1	—	—
Placenta Prævia	...	...	...	A	299	1	—	—	1	—	—
Obstruction by dermoid cyst	...	...	...	A	338	1	—	—	1	—	—
Contraction of pelvis	...	...	...	A	721	1	—	—	1	—	—
Disproportion	...	...	...	A	912	1	—	—	—	—	1
Contraction of pelvis	...	...	...	A	1045	1	—	—	1	—	—
„	„	...	...	A	1101	1	—	—	1	—	—
Total	...	...	...	...	...	8	—	—	7	—	1

On two occasions (A.1045 and A.1101) sterilisation also was performed.

MATERNAL MORBIDITY.

Any case in which a temperature of 100° F. has been recorded on any two days of the puerperium (excluding the first 24 hours), has been included in this series.

There were 27 cases of morbidity in Category A (1,082 deliveries) ; the morbidity rate was therefore 2·5% (2·4%, 1934 ; 2·6%, 1933 ; 2·3%, 1932).

In Category B (25 cases delivered) there were three cases of pyrexia, the morbidity rate being 12% (6·9%, 1934 ; 14%, 1933).

The combined morbidity rate was 2·7% (2·5, 1934 ; 2·9%, 1933).

MATERNAL MORBIDITY.

DETAILED TABLES.

Category A.

Index No.	Pregnancy and Labour.	Maximum Pyrexia.	Duration of Pyrexia.	Day of onset of Pyrexia.	Remarks.
76	Spontaneous vertex delivery at term	102.6°	48 hours	8th day	Local uterine sepsis, treated by intra-uterine glycerine.
130	Spontaneous vertex delivery at term	104.2°	4 days	17th „	Influenza.
147	Spontaneous vertex delivery	102°	2 days	8th „	Local uterine sepsis.
156	Spontaneous vertex. Portion of placenta retained	101.2°	11 days	7th „	Local uterine sepsis. Some secondary hæmorrhage and portion of placenta removed.
242	“ Bronchitis ” during pregnancy. Spontaneous delivery with no anæsthetic	103°	11 days	2nd „	Bronchiectasia.
345	Spontaneous vertex delivery	100.8°	3 days	5th „	Flushed breast.
368	Spontaneous vertex delivery	102°	4 days	5th „	Local uterine sepsis.
406	Pregnancy complicated by hydramnios of foetal monster A.P.H. central placenta prævia, leg brought down	102.2°	18 days	3rd „	Local uterine sepsis.
441	Spontaneous vertex delivery. Manual removal of placenta. P.P.H. of 38 ozs.	104°	5 days	2nd „	Local uterine sepsis.
452	Spontaneous vertex delivery	103°	2 days	11th „	Mastitis. Settled.
560	Pyelitis during pregnancy. Spontaneous vertex delivery. T.B. found in sputum	101.6°	5 weeks	2nd „	Pyelitis. Active Tuberculosis. Transferred to sanatorium.
707	Spontaneous vertex delivery. P.P.H. 26 ozs.	100.2°	5 days	3rd „	Local uterine infection.

MATERNAL MORBIDITY.**Category A—(continued).****Detailed Tables—(continued).**

Index No.	Pregnancy and Labour.	Maximum Pyrexia.	Duration of Pyrexia.	Day of onset of Pyrexia.	Remarks.
769	Manual rotation and forceps for occipito-posterior position	100.6°	3 days	6th „	Local uterine infection.
799	Low forceps. Very long first stage, during which foetus died	102°	12 days	Present on admission	Pyelitis.
809	Spontaneous vertex delivery	100.6°	3 days	4th „	Local uterine infection.
818	Spontaneous vertex delivery	101.6°	5 days	6th „	Local uterine infection.
877	Spontaneous vertex delivery	101.2°	6 days	12th „	Pyelitis.
889	Albuminuria and A.P.H.	100°	intermittently 14 days	2nd „	Local uterine infection.
890	Spontaneous vertex delivery	101.6°	2 days	11th „	Mastitis. Settled.
917	Spontaneous vertex delivery. Long 1st stage	102°	3 days	3rd „	Cystitis.
922	Low forceps. Pyelitis during latter part of pregnancy	101.8°	4 days	1st „	Pyelitis. Temperature on admission.
973	Low forceps. P.P.H. Manual removal of placenta	100.2°	14 days	3rd day	Local uterine infection.
1050	Spontaneous vertex ...	105.6°	24 days	3rd „	Septicæmia. Later localisation to pelvic cellulitis and abscess of buttock.
1060	Spontaneous vertex. Manual removal of placenta. P.P.H. 20 ozs.	103°	10 days	2nd „	Local uterine infection.
1089	Spontaneous vertex ...	102°	4 days	5th „	Local uterine infection.
1144	L. and P. delay in both 1st and 2nd stages. Low forceps	102°	2 days	1st „	Reactionary pyrexia.
1187	Twin pregnancy. Forceps delivery of 2nd child	101°	4 days	5th „	Local uterine infection.

MATERNAL MORBIDITY.

Detailed Tables.

Category B.

Index No.	Pregnancy and Labour.	Maximum Pyrexia.	Duration of Pyrexia.	Day of onset of Pyrexia.	Remarks.
218	Normal pregnancy. Sent into hospital after 4 days duration of 1st stage. Low forceps applied for foetal distress. Placenta manually removed following P.P.H.	102°	7 days	3rd day	Pyrexia on admission. Carbuncle developed.
272	Eclampsia at 38th week. Admitted in labour. Low forceps delivery	101°	8 days intermittently	7th „	Pneumonia.
572	Spontaneous vertex delivery	101.2°	4 days	3rd „	Local uterine sepsis.

DURATION OF PYREXIA.

No. of Days.	No. of Cases.
2	5
3	4
4	5
5	3
6 and over	10

RANGE OF TEMPERATURE.

Range.	No. of Cases.
100°—101°	8
101°—102°	11
102°—103°	5
103°—104°	6

DAY OF ONSET OF PYREXIA.

Day.	No. of Cases.
1st	3
2nd	5
3rd	7
4th	1
5th	4
6th	2
After a week... ..	8

CAUSES OF PYREXIA.

						No. of Cases.
Local uterine sepsis	...	...	...	...	...	16
Pyelitis	...	...	...	...	...	3
Mastitis	...	...	...	...	...	3
Septicæmia	...	...	...	...	...	1
Cystitis	...	...	...	...	...	1
Reactionary temperature	...	...	...	...	...	1
Pneumonia	...	...	...	...	...	1
Carbuncle	...	...	...	...	...	1
Acute phthisis	...	...	...	...	...	1
Bronchiectasis	...	...	...	...	...	1
Influenza	...	...	...	...	...	1

MATERNAL DEATH.**Case No. 713.**

The patient, a woman aged 26, suffered from Mitral Stenosis. She had had one previous pregnancy, a 7½ lb. infant being delivered without undue difficulty. The cardiac lesion was of rheumatic origin dating back to youth, was fairly well compensated and showed no E.C.G. changes. During pregnancy she was well but had to be rested in the Ante-Natal ward for the last month. On resting the pulse was about 85 to 98 and regular ; there was no œdema. Labour was spontaneous and short, the first stage three hours, the second 18 mins. The puerperium was uneventful till the 9th day when a sudden embolus occurred in the left leg. On the 16th day sudden death occurred from Pulmonary embolus. Post-mortem revealed a marked degree of mitral stenosis and an anti-mortem clot extending from the right auricle into the ventricle and along the Pulmonary trunk. The valve was calcified. There was no apparent contributory puerperal cause of death.

FOETAL STATISTICS.

During the year, 1,135 infants of viable age were delivered in the Hospital. Of these, 1,110 can be classified under Category A and 25 under Category B.

Category A.

				Living.	Stillborn.	Died.	Total.
MALES (561)—							
Mature	...	...		483	11	3	497
Premature	...	...		53	8	3	64
Total	...	...		536	19	6	561
FEMALES (549)—							
Mature	...	...		469	13	3	485
Premature	...	...		54	5	5	64
Total	...	...		523	18	8	549

Infant Mortality = 45·9 per thousand (45·9 in 1934, 42·1 in 1933, 24·7 in 1932).

Category B.

				Living.	Stillborn.	Died.	Total.
MALES (13)—							
Mature	...	...		11	2	—	13
Premature	...	...		0	0	—	—
Total	...	...		11	2	—	13
FEMALES (12)—							
Mature	...	...		11	0	0	11
Premature	...	...		1	0	0	1
Total	...	...		12	0	0	12

Infant Mortality = 80 per thousand (241·3 in 1934 ; 172·4 in 1933).

Average infant mortality rate = 46·6 per thousand (52·8 in 1935 ; 46 in 1933).

It may be noted that this rate is less in 1935 than in 1934 though the forceps rate has risen and the number of premature infants is also greater.

STILLBIRTHS.

Pregnancy and Labour.				Cause of Death.		Category A. No. of Cases.	Category B. No. of Cases.
Normal	...	...	...	Intra-uterine death prior to labour		5	—
„	...	...	...	Intra-cranial hæmorrhage		1	—
„	...	...	...	Asphyxia	...	1	—
„	...	...	...	Died during labour	...	2	—
„	...	...	...	Unknown	...	4	—
„	...	...	...	Prolapse of cord...	...	3	—
„	...	...	...	Meningocoele and deformity.		2	—
Vertex presentation with prolonged labour (spontaneous delivery).				Intra-uterine death	...	2	—
„ + forceps delivery.				„	„	1	—
				Intra-cranial hæmorrhage		2	—
„ + Chronic nephritis				Intra-uterine death	...	1	—
Occipito-Posterior—							
„ Spontaneous rotation				Intra-cranial hæmorrhage		1	—
„ Persistent (O-P.)				„	„	2	—
„ Manual rotation + forceps				Intra-uterine death	...	2	—
Breech presentation				Asphyxia	...	1	—
„				Prolapse of cord	...	1	—
„				Monstrosity of fœtus	...	2	—
Transverse lie				Asphyxia	...	—	1
Placenta prævia				„	...	—	1
Accidental hæmorrhage				Intra-uterine death	...	1	—
„				Hydrocephalus	...	1	—
Toxæmia. Vertex delivery				Prematurity	...	1	—
Hydramnios				Anencephaly	...	1	—
						37	2

Stillbirths at full term = 26.

„ premature = 13.

NEONATAL DEATHS.

Pregnancy and Labour.				Cause of Death.	Category A. No. of Cases.	Category B. No. of Cases.
Normal	...	...	...	Syphilis and Broncho- Pneumonia	1	—
„	...	...	...	Stenosis of Ileo-Cæcal Valve	1	—
„	...	...	...	Hydrocephalus ...	1	—
„	...	...	...	Prematurity ...	3	—
Delay in labour	...	...	...	Intra-cranial hæmorrhage	1	—
Twins	...	...	...	Atalectasis and Prematurity	2	—
Occipito-Posterior	...	...	...	Asphyxia ...	1	—
Breech presentation and contracted pelvis	...	...	...	Intra-cranial hæmorrhage	1	—
Breech presentation	...	...	...	Prematurity ...	1	—
„ + albuminuria	...	...	...	„ and atalectasis	1	—
Toxæmia...	...	...	...	Prematurity ...	1	—
					14	—

CASES OF INTEREST.**Cæsarian Section followed by Retention of Lochia.****No. 255.**

The patient, a 2-para aged 24, was delivered by Cæsarian Section and sterilisation was performed. Her previous child had been delivered by section also and the present fœtus presented persistently as a transverse lie although there was no obvious pelvic abnormality. The section was a classical one performed without any special difficulty. The patient was not in labour at the time. There was some lochial loss the next day, but very little in quantity. On the 3rd evening after operation there was some bleeding from the operation wound and the patient became very collapsed. Still there was no lochial loss and the uterus was very hard and tender. The next day a blood transfusion was given and the patient improved gradually. The lochia appeared and became more or less normal and involution took place, the patient recovering.

Labour obstructed by Dermoid Cyst of Ovary in Pouch of Douglas.**No. 338.**

Apart from a rather high mobile head which could be made to engage in the pelvis, no abnormality was noted during pregnancy. The patient was aged 28 and a 2-para. She was admitted in labour on the early morning of the 18th April. During the first stage the os dilated slowly and the head remained rather high. There was rather excessive loss of liquor when the membranes ruptured and the os did not fully dilate. After 24 hours a swelling could be felt in the posterior vaginal fornix which later was felt and became larger. An ovarian cyst was diagnosed and a Classical Cæsarian Section was performed before the cyst could be reached. It was a dermoid arising from the right ovary and somewhat the size and shape of a muffin. Hæmorrhage had occurred in it. Convalescence was uneventful and the child made normal progress.

